

Interactional dynamics on mental health wards: De-escalation practices to reduce violence and aggression

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Ward Aggression and Violence

100,000 acutely unwell patients admitted annually,
50% involuntarily

High bed occupancy rates

Staff shortages

80% of MH nurses experience aggression



De-escalation

Recommended first line of intervention in the
management of aggression

*“The use of techniques (including verbal and non-verbal
communication skills) aimed at defusing anger and
averting aggression”* (NICE, 2015)

Recommended by:

NICE guidelines

Mental health use of force Act 2018

World Health Organisation strategy to reduce coercive
practice

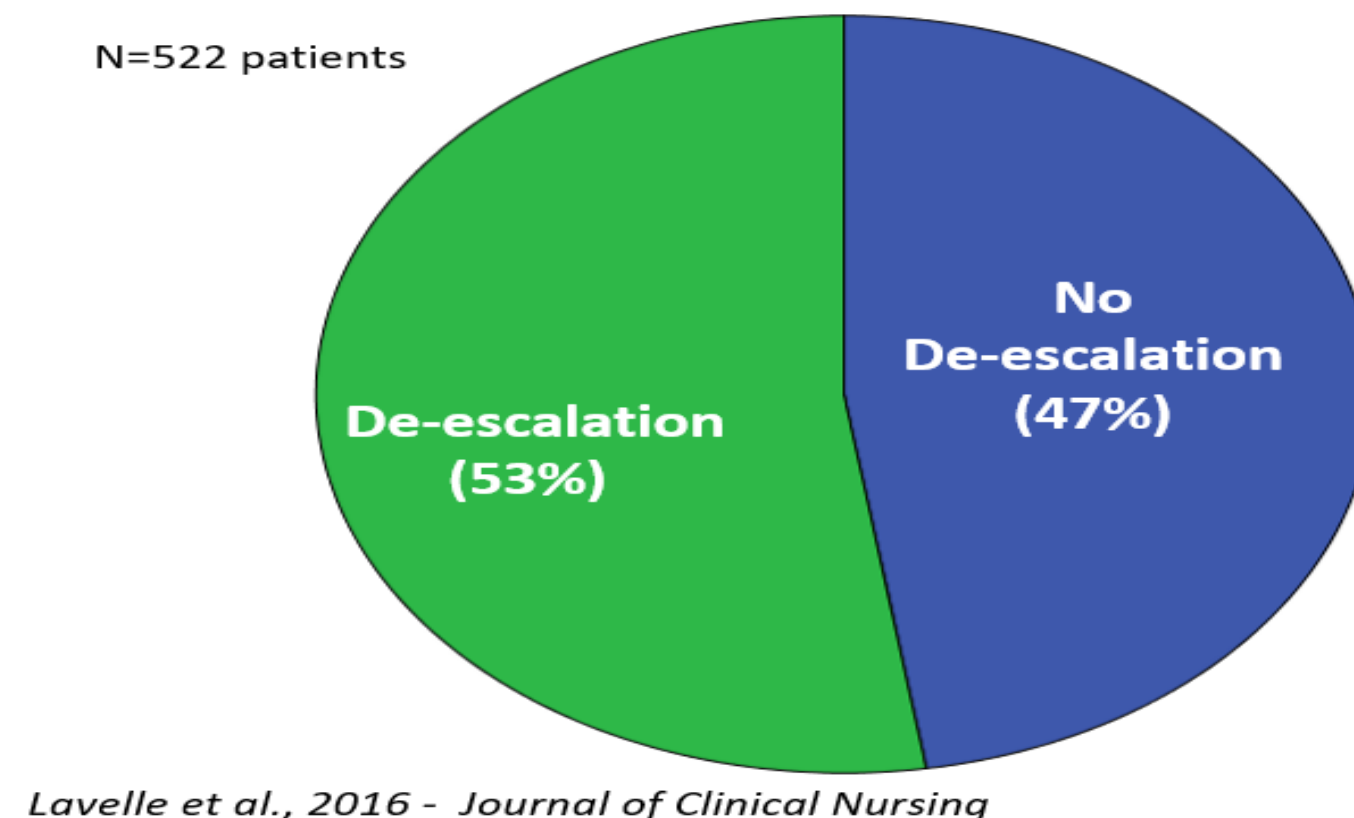
Safer alternative to coercive methods

But...

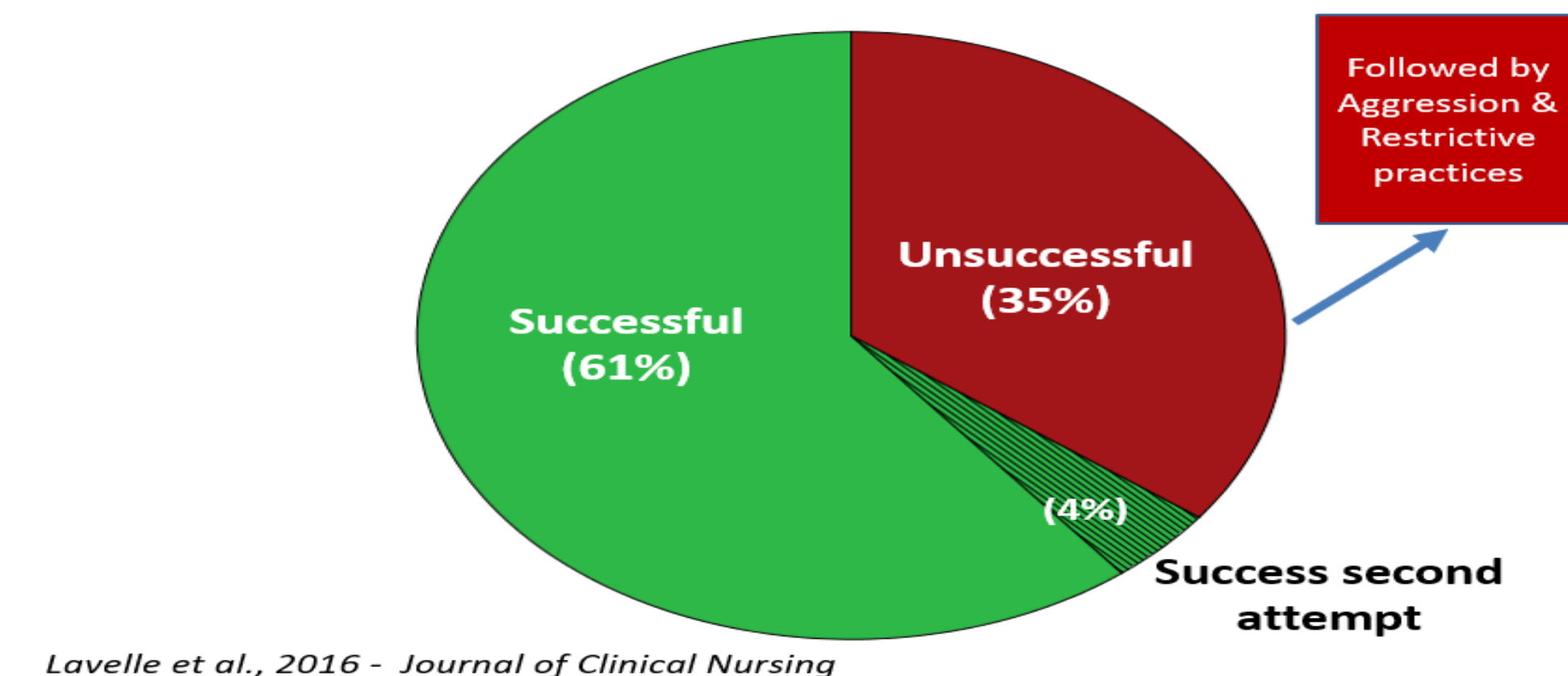
- Under researched area
- Mandatory de-escalation training is not
evidence based
- No nationally agreed approach for best
practice

De-escalation in practice

De-escalation in practice



De-escalation Success



What are we doing?

- Service evaluation of the use of
communication during violent
incidents captured on body worn
cameras.
- This evaluation is part of the legal
duty, to assure the trust that
restraint is used as a last option,
which is given by Seni's Law.



Initial observations

Verbal

- **Directives** are widely used by staff,
but **they are a direct imposition on
the patient's agency against a
backdrop of extreme power
imbalance**
- An **imperative** is the most agency
and **autonomy curtailing speech
act**, whereas interrogatives are the
most **agency and autonomy
enhancing speech acts**.
- Developing guidance suggesting an
increased usage of interrogatives
(i.e. how can I help you? What would
make you feel better? What is
making you angry?), and a reduction
in use of directives (i.e. calm down).

Analysis

- **Speech act analysis**
 - Doing things with words in a
volatile and disempowering
context
- **Nonverbal behaviour**
 - Hand gesture - Used alongside
speech particularly if the verbal
message is difficult to convey or
the listener is having difficult
understanding
 - Body posture – relaxed, anxious,
avoidant, confrontational

Initial observations

Tone and volume

Staff manages conflict with tone and
volume of voice

Movement, posture, and body language

Non-aggressive touch/restraining is
effective de-escalation
Staff stand with hands in pockets

Dyadic

It always takes two to have a conflict.
But it also takes two to not have a
conflict

